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Bib Data Sheet

CONFIRMATION NO. 2446

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 09/775,150 | FILING DATE 02/01/2001 RULE | CLASS 705 | GROUP ART UNIT 2161 | ATTORNEY DOCKET NO. 82221RLO |
| APPLICANTS Rowan R.J. Lawson, Pittsford, NY; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/09/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 8 | TOTAL CLAIMS 11 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | INDEPENDENT CLAIMS 3 |
| ADDRESS Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201 | | | | |
| TITLE Method for customizing programmable CD-ROM | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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| SERIAL NUMBER 09/775,150 | FILING DATE 02/01/2001 RULE | CLASS 705 | GROUP ART UNIT 3622 | ATTORNEY DOCKET NO. 82221RLO | |
| APPLICANTS Rowan R.J. Lawson, Pittsford, NY; | | | | | |
| ** CONTINUING DATA ***** <i>None AD</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None AD</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/09/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY NY | SHEETS DRAWING 8 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>EW</i> | | | | | |
| ADDRESS 25693 | | | | | |
| TITLE Method for customizing programmable CD-ROM | | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

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